

MassHealth Smoking Cessation Benefit

Briefing Notes

Why provide a smoking cessation benefit?

Tobacco use is the leading cause of preventable death. In Massachusetts, the excess health care cost due to tobacco use is \$4.3 billion annually.¹

In Massachusetts:

- 70 percent of adult cigarette smokers want to quit,
- 60 percent of smokers tried to quit smoking within the past year, and
- 41 percent report that they plan to quit in the next 30 days.²

Nicotine addiction from cigarette smoking is a chronic relapsing medical condition.³ However, smoking cessation therapies, including counseling and medications, are available to help patients with this powerful addiction. Tobacco use treatment doubles quitting success rates.⁴

Coverage of tobacco use treatment increases both the use of effective treatment and the number of successful quit attempts.⁵ Based on a study by Coffield, tobacco screening – including providing brief interventions and offering pharmacotherapy – is among the most cost-effective health insurance benefits that can be offered.⁶

Timeline: Massachusetts Medicaid (MassHealth) smoking cessation benefit

- | | |
|-------------------|--|
| June 2005 | The FY 2006 Massachusetts state budget includes a requirement to provide a smoking cessation benefit through MassHealth to pregnant women and women with children under the age of three. |
| April 2006 | To help all MassHealth smokers quit, the state legislature mandates a MassHealth tobacco cessation benefit as part of Massachusetts Health Care Reform. |
| June 2006 | The tobacco cessation benefit is announced to providers and members by MassHealth. |
| July 2006 | Benefit is available beginning July 1 st . |
| Aug 2006 | The Massachusetts Tobacco Cessation and Prevention Program (MTCP) and MassHealth jointly distributed information about the benefit, including provider and consumer fact sheets, a consumer flyer, and website resources, to approximately 1,000 community health centers, hospitals, physician practices and state and community agencies. Local programs funded by MTCP distribute materials in their communities. |
| Oct 2006 | MTCP begins a radio and public transit campaign to help smokers quit. The campaign carries a tagline promoting the availability of the benefit to MassHealth members. |
| Fall 2008 | A University of Massachusetts survey finds a very high percentage of MassHealth subscribers are aware of the benefit. |
| June 2008 | Originally a two-year pilot, the smoking cessation benefit becomes a permanent benefit. |
| 2009 | MTCP evaluation staff analyzes data; results show a significant increase in successful quit attempts from the MassHealth cessation benefit. The results become the basis for an article in the CDC's MMWR. |



Massachusetts Department of Public Health
Tobacco Cessation and Prevention Program
(617) 624-5900 www.mass.gov/dph/mtcp

Make smoking history.

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What the benefit covers

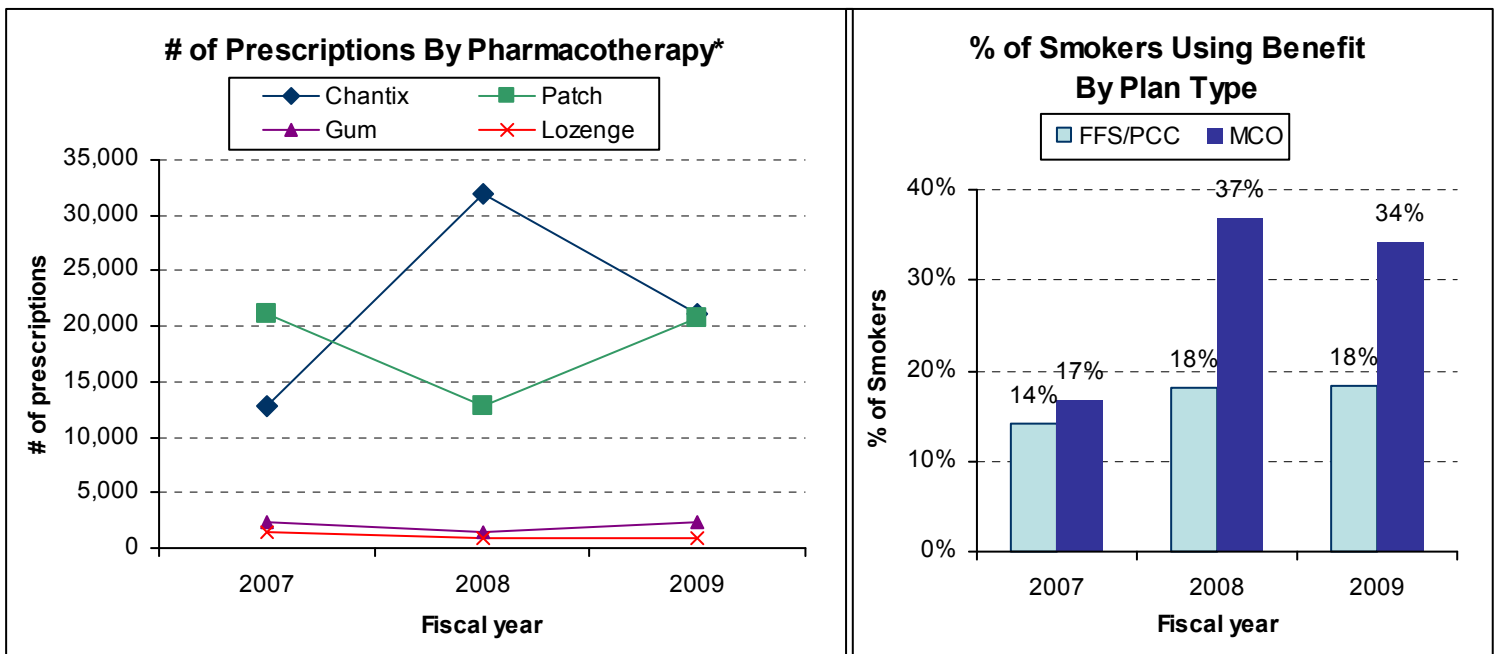
MassHealth members have access to tobacco cessation medications and counseling support.

- Medication coverage includes the nicotine patch, gum, lozenge, bupropion, and Chantix.
- Counseling is available one-on-one, in support groups, or by calling the Massachusetts Smokers' Helpline at 1-800-Try-To-Stop (1-800-879-8678).

To reduce barriers to utilization, neither counseling nor prior authorization is required to receive most medications; the co-pay is \$1 or \$3.

Utilization in the first 3 years

	Pharmacotherapy				Counseling			
	FY07	FY08	FY09	FY07-09	FY07	FY08	FY09	FY07-Y09
# of Unique Users	27,692	43,341	42,253	84,215	971	1,664	2,059	4,398
(% of smokers)	(14.7%)	(23.0%)	(22.5%)	(44.8%)	(0.5%)	(0.9%)	(1.1%)	(2.3%)
# of Paid Claims	54,352	84,076	77,468	215,896	1,663	2,625	3,205	7,493
Amount of Paid Claims	\$3.945	\$7.023	\$5.906	\$16.874	\$56,233	\$106,858	\$159,841	\$288,372
	million	million	million	million				
Avg # of Claims Per User	1.94	1.91	1.81	2.47	1.70	1.55	1.55	1.69
Avg Cost Per Claim	\$73	\$84	\$76	\$78	\$34	\$41	\$50	\$38
Avg Cost Per User	\$142	\$162	\$140	\$196	\$58	\$63	\$78	\$66
# of Unique Providers	2,524	3,683	NA	NA	51	61	NA	NA



* FFS (Fee-For-Service) / PCC (primary care clinician) plan only



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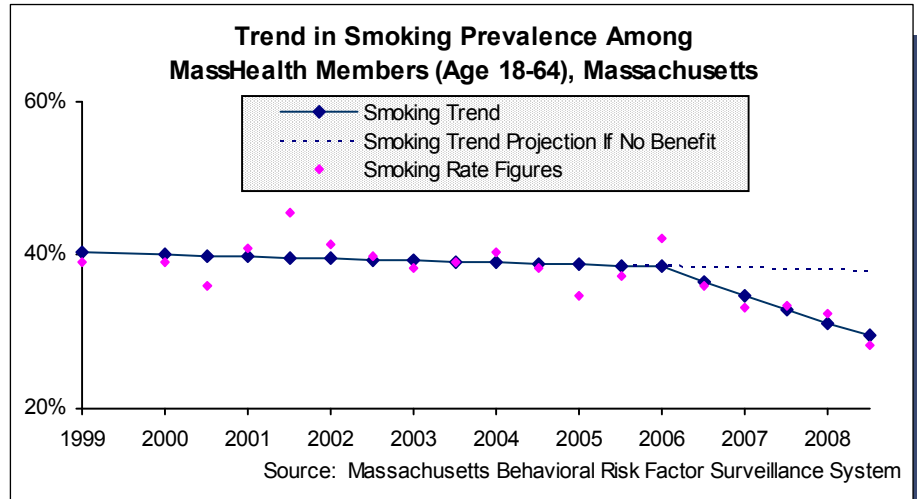
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Results of the MassHealth smoking cessation benefit⁷

- Before the benefit, smoking prevalence among MassHealth adults was 38% compared to 16% in the rest of the Massachusetts adult population.
- Smoking prevalence among MassHealth adults decreased from 38% in 2006 before the benefit to 28% in 2008 (see figure).⁸
- More than 33,000 MassHealth adults quit smoking.⁸
- Successful quit attempts increased significantly from 6.6% to 18.9%.
- Based on these and other findings, a short-term return on investment analysis conducted by George Washington University found that for every \$1 spent on the MassHealth smoking cessation benefit, \$3.12 was saved, resulting in a **net savings of \$2.12 for each \$1 invested**.⁹



¹ Huang, Xu et al. Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC), Massachusetts 2006. Commonwealth of Massachusetts. March 1, 2008. Available at:

http://www.mass.gov/Eeohhs2/docs/dph/tobacco_control/sammec_2006.pdf. Accessed July 29, 2009.

² Massachusetts Department of Public Health, Massachusetts Behavioral Risk Factor Surveillance System (BRFSS), 2007. Available at: http://www.mass.gov/Eeohhs2/docs/dph/tobacco_control/adults_who_quits.pdf. Accessed July 29, 2009.

³ Jarvis MJ. ABC of smoking cessation: why people smoke. *BMJ*. 2004;328:277-279.

⁴ Fiore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence: Clinical Practice Guideline*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service; 2000.

⁵ Hopkins DP, Briss PA, Ricard CJ, et al. Task Force on Community Preventive Services. *American Journal of Preventive Medicine* 2001;20(2 Suppl):16-66.

⁶ Coffield AB, Maciosek MV, McGinnis JM, et al. Priorities among recommended clinical preventive services. *American Journal of Preventive Medicine* 2001;21(1):1-9.

⁷ Land T, Warner D, Paskowsky M et al. (2010) Medicaid Coverage for Tobacco Dependence Treatments in Massachusetts and Associated Decreases in Smoking Prevalence. *PLoS ONE* 5(3): e9770. doi:10.1371/journal.pone.0009770.

⁸ A joinpoint analysis of Massachusetts BRFSS (Behavioral Risk Factor Surveillance System) data found a decrease of 10% per year from July 2006 to December 2008 (95% C.I.: 3.5% - 16.0%) and an estimated 33,000 smokers who quit.

⁹ Richard P, West K, Ku L (2012) The Return on Investment of a Medicaid Tobacco Cessation Program in Massachusetts. *PLoS ONE*. <http://dx.plos.org/10.1371/journal.pone.0029665>.

